

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043481

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1650

STATE FILE NUMBER

FILED DEC 9 1963

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in 1b

8 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BURGE HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

OR

TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1631 W. FLORIDA

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

ROSA

Middle

C.

Last

COUSIN

4. DATE  
OF  
DEATH

Month

Day

Year

NOV. 23, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/18/93

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

BRUNSWICK, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ANDREW JOHNSON

13b. MOTHER'S MAIDEN NAME

EMMA BERTHRAM

14. NAME OF HUSBAND OR WIFE

JAY R. COUSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. MAUDE PRESTON; 2029 N. PARK

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Electrolyte Imbalance

INTERVAL BETWEEN  
ONSET AND DEATH

1 week

DUE TO (b)

Renal Failure

1 week

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

11-23-63

and last saw him alive on

11-23-63

Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert C. Seaton M.D.

22b. ADDRESS

SPRINGFIELD, MISSOURI

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

11/25/63

23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN CEMETERY

23d. LOCATION (City, town, or county)

SPRINGFIELD, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

AYRE-GOODWIN

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

12-5-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

10397

22397

3

4

5

6

7

8

9

10

11

12

13

JAN 2 1964

1/25/63

DEC 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.